

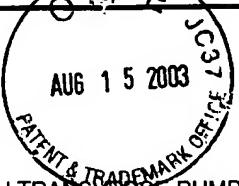
IN THE UNITED STATES PATENT AND TRADEMARK

In re application of: Alduino et al.

Application No: 10/020,143

Filed: December 13, 2001

Title: OPTICAL AMPLIFIER WITH TRANSVERSE PUMP



Examiner: Nelson Moskowitz

Group No. 3363

Attorney Docket No: 42P11010

Date: August 13, 2003

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GROUP 3600

Mail Stop Fee Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Extension of Time		
	<input checked="" type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. § 1.136		
Papers Enclosed <input checked="" type="checkbox"/> Amendment (10 pages) <input type="checkbox"/> Replacement Drawing Sheet <input checked="" type="checkbox"/> Information Disclosure Statement (2 pages) <input checked="" type="checkbox"/> PTO-1449 Form (1 page) <input checked="" type="checkbox"/> 10 Citations <input type="checkbox"/> Declaration/Affidavit <input type="checkbox"/> Terminal Disclaimer <input checked="" type="checkbox"/> Postcard for Return	Extension (Months)	Extension Fee	
		Large Entity	Small Entity
	One Month	\$110.00	\$55.00
	Two Months	\$410.00	\$205.00
Three Months	\$930.00	\$465.00	
Total \$ 930.00			
<input type="checkbox"/> Applicant believes that no extension of time is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.			

	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	21	22	0	\$18.00	\$9.00	\$0.00
Independent Claims	4	4	0	\$84.00	\$42.00	\$0.00
Multiple Dependent Claims				\$280.00	\$140.00	\$0.00
Information Disclosure Statement				\$180.00	\$180.00	\$180.00
						Total
						\$180.00

Fee Payment	Fee Deficiency
Extension Fees \$930.00	<input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. <u>02-2666</u> . and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. <u>02-2666</u> .
Fee for IDS \$180.00	
Total \$1,110.00	
Attached is check no. _____ in the sum of \$ _____. <input checked="" type="checkbox"/> Please charge \$1,110.00 to Deposit Account No. <u>02-2666</u> .	
CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8(a)): I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.	
By: <u>Anne Collette</u> Date: August 13, 2003 Anne Collette	
Please continue to send correspondence to: Charles K. Young BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP 12400 Wilshire Blvd. Seventh Floor Los Angeles, CA 90025-1026 (408) 720-8300	
Respectfully Submitted, By: <u>Charles K. Young</u> Date: August 13, 2003 Charles K. Young Reg. No. 39,435	